

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

10/16  
⑥

**Don P. Johnson**  
**Town Manager**

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September 12, 2003

The Acton Beacon:

**Atten: ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notices** in the Thursday, September 18th edition of the Acton Beacon. *Please send bill to:*

David Bulger  
O'Naturals  
44 New Zealand Road #24  
Seabrook, NH 03874

603-805-0202

Very truly yours,  
Christine M. Joyce  
Town Manager's Office

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on October 6, at 7:20 P.M. on the application of O'Naturals, Brian Bievenue Manager, for a All Alcoholic Beverage License as a Common Victuller at 149 Great Road #1, Acton, MA.

**ACTON BOARD OF SELECTMEN**

**Please confirm receipt of this Fax to: Christine @ 978-264-9612**  
**FAX 978-264-9630**

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
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**Don P. Johnson**  
**Town Manager**

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March 14, 2001

David Bulger  
O'Naturals  
44 New Zealand Road #24  
Seabrook, NH 03874

Dear Mr. Bulger:

Enclosed please find a copy of advertisement to appear at your expense in the Acton Beacon on Thursday, September 18, 2003.

The ABCC requires the time and date of such hearing be placed in the local newspaper. Your hearing for a Full Liquor License, as a Common Victualler is scheduled for October 6, 2003 at 7:20, in Room 204 of the Acton Town Hall.

You are required to send the abutters as they appear of the list prepared by the Acton Assessors Office, notice of these hearings by Certified Mail prior to the Meeting. You will be required to present the proof of this notification at the time of your hearing on the 6<sup>th</sup> of October you simply Xerox a copy of each hearing notice, which I have enclosed and mail them Certified Mail Return Receipt to those appearing on the list.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
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## Alcoholic Beverage Policy – O’Naturals

No individual is to be served alcoholic beverages or allowed to consume alcoholic beverages if that person is a minor, as defined by state law. Our policy is to request identifications of any individual who appears to be less than 30 years old.

The manager is ultimately responsible for ensuring that adequate precautions are taken to avoid the sale of alcoholic beverages to minors. It is the responsibility of all ownership, management and service personnel to review the policy relative to serving alcoholic beverages and that all such individuals are aware of the policy that minors will not be sold or allowed to consume alcoholic beverages in our restaurant.

1. Management and service personnel must be aware of the state requirements regarding lawful and proper drinking age, and also state mandated, required or accepted identification cards or devices. These requirements ought to be clearly understood and strictly enforced among all service employees handling liquor.
2. Guests appearing under 30 years of age must be asked for proper identification. If lacking proper identification they must be politely refused alcoholic beverages and are not to be permitted to consume alcoholic beverages purchased for them by legal adults. Remember, when in doubt about someone’s age, proper identification should be requested of a guest.
3. Violation of this policy is grounds for termination.

# **Town Manager's Office**

## **INTERDEPARTMENTAL COMMUNICATION**

**September 12, 2003**

**From:** Christine Joyce, Town Manager's Office

**Subject:** Full Liquor as Common Victualler – 149 Great Road #1

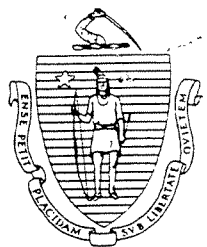
TG: Police, Fire, BOH

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Enclosed please find a copy of the application for a Full Liquor License as a restaurant for O'Naturals.

The public hearing is scheduled for 7:20 on October 6, 2003.

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The Commonwealth of Massachusetts  
The Alcoholic Beverages Control Commission  
239 Causeway Street, Suite 200  
Boston, MA 02114

Telephone: 617- 727-3040  
FAX: 617- 727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- X A. NEW LICENSE APPLICANT  
\_\_\_\_\_ B. APPOINTMENT OR CHANGE OF MANAGER  
IN A CORPORATION  
\_\_\_\_\_ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR  
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME O'Naturals, Inc.  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Brian Bienvenue
3. SOCIAL SECURITY NUMBER 003-62-5776
4. HOME (STREET) ADDRESS I know rd, Salem, NH
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
DAY TIME # 978-266-0222 HOME# 603-893-0544
6. PLACE OF BIRTH: Manchester NH 7. DATE OF BIRTH: 6/21/75
8. REGISTERED VOTER: X YES \_\_\_\_\_ NO 8A. WHERE?: NH
9. ARE YOU A U. S. CITIZEN: X YES \_\_\_\_\_ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Donald Bienvenue 12. MOTHER'S MAIDEN NAME: Demers

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:  
\_\_\_\_\_ YES X NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: \_\_\_\_\_ YES X NO  
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: \_\_\_\_\_ YES X NO  
IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Target, Salem, NH / Friendly's, Salem, NH GM  
Tinkers Seafood manager

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40/50

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: [Signature]  
PROPOSED MANAGER SIGNATURE

9/23/03  
DATE

THE COMMONWEALTH OF MASSACHUSETTS  
ALCOHOLIC BEVERAGES CONTROL COMMISSION

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- ☒ New License  
☐ Transfer of License  
☐ Transfer of Stock
- ☐ New Officer/Director  
☐ Other \_\_\_\_\_  
(Specify)

1.

Name to appear on the license: O'Naturals, Inc.

Business name (d/b/a), if different:

Manager of Record: Brian Bienvenue

FID of Licensee:

Address of Premises; Street: 149 Great Road #1

Zip code:

Phone number of premises: ( )

2. Type of license: (check only one)

☐ Club  
☐ General on premise  
☐ Innholder

☐ Package store  
☒ Restaurant  
☐ Tavern

☐ Veterans club  
☐ Other \_\_\_\_\_  
(Specify)

3. License Category:

☒ All Alcoholic  
☐ Malt only  
☐ Wine and Malt with Cordials Permit

☐ Wine and Malt  
☐ Wine only

4. License Class:

☒ Annual

☐ Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: David Bulger

Address: 44 New Zealand Rd #24 Seabrook, NH 03874

Phone number: (603) 596-4634

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

4,000 Sq' Quick Service Restaurant. Front door for  
customers. Rear delivery door by buzzer. Side emergency door

6a.

Seating capacity: 117

Occupancy number: 11

7. Applicant is an: ☐ Association

☒ Corporation

☐ Individual

☐ Partnership

☐ Non-profit corporation

8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens? Yes No

If no, specify citizenship: \_\_\_\_\_

8b. Is individual or are all partners involved at least twenty-one years old? Yes No

9. If the applicant is a corporation, complete the following:

State of Incorporation: <u>Delaware</u>	Date of Incorporation: <u>7/11/9</u>
Fiscal Year Ends: <u>12/31</u>	Date qualified to do business in MA: _____

9a. How many shares of stock are authorized? 5000,000 How many shares of stock are issued? 1,377,508

Provide in the box below the names of all officers, directors, stockholders and manager.

Use \* to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled
<del>Chairman</del>	Gary A. Hirschler	38 Via Trappulla, Concord NH	7/15/54	003-44-8368	233,605
CEO	Frederic C. McCabe, Jr.	51 Cogges St, Portland ME	8/5/47	027-36-1485	50,000
Director	Sylvia A. Stern	702 Greenwich St, NY, NY	10/28/54	109-36-4164	64,535
Director	Roger A. Berkowitz	20 Park Ave, Newton, MA	5/26/52	017-42-2537	7267
Director	Stephen M. Donnell	7248 Groveland Road, Piquette, PA 18947	2/5/55	126-42-6679	7267

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? X Yes No
- Are the majority of directors citizens of Massachusetts? No Yes X No
- Is the manager or principal representative a U.S. citizen? X Yes No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number



11. Will there be any construction, remodeling, redecorating or building on the premises for this license?  
☐ Yes ☒ No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : \_\_\_\_\_

b. What are the estimated costs? \_\_\_\_\_

c. What is the construction schedule? \_\_\_\_\_

d. State all sources of construction financing: \_\_\_\_\_

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly \_\_\_\_\_ Name of Realty Trust

☒ ENaturals, Inc. Name of Corporation

☐ Other \_\_\_\_\_  
(specify)

(If you are do not own the premises to be licensed, provide the following information about the owner.)

Name: <u>Farm H. 11 Mill Lb2. Parker, Ky</u>	Phone number: <u>(603) 731-3170</u>
Address: <u>PO Box 337 Topsheld MA 07983</u>	

12a. If a lease or rental, provide the following information: \$ 8466.67 per month  
(month, year, etc.)

Beginning date of lease July 9, 02 Ending date of lease July 8, 2012  
(provide a copy of the lease.)

### Financial

13. What assets were purchased and cost?

Equipment: \$ <u>240,272</u>	Furniture: \$ <u>13321</u>	Goodwill: \$ <u>—</u>
Inventory: \$ <u>180,000</u> <del>18,000</del>	License: \$ <u>50</u>	Premise: \$ <u>—</u>

13a.

Total Purchase Price: \$ <u>446 271 643</u>
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13b.

Identify in the box below all sources of financing?

Mortgage: \$ <u>0</u>	Seller: \$ <u>—</u>
Cash: \$ <u>96643 + substantial working Capital</u>	Other (specify): \$ <u>175,000 SBA + Citizen Bank</u>

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions: (provide purchase and sale documents)
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13d. Are you seeking approval for license to be pledged? ☐ Yes ☒ No

If yes, to whom? \_\_\_\_\_



14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?      Yes      No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled?      Yes      No (If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?      Yes    No (If yes, attach a statement of details.)

15.    **a. Each individual applicant must sign.**  
       **b. Applications by a partnership must be signed by a majority of the partners.**  
       **c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.**  
       **d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.**  
       **e. False information or failure to disclose are reasons to revoke a license or deny a license application.**

Signed and subscribed to under the penalty of perjury, this   12   day of

July., 2003.

By: Signature of Full Name

Heidi C. McElroy

Title

CEO (Board authorized)

# Acton Police Department

## InterDepartmental Memo

**From:** Frank J. Widmayer, Chief of Police

**Date:** September 22, 2003

**To:** Don Johnson, Town Manager

**Subj:** O'Naturals, 149 Great Road Full Liquor License

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I have reviewed the application submitted on behalf of O'Naturals and I have no objection to the request.



Frank J. Widmayer  
Chief of Police

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INTEROFFICE MEMORANDUM

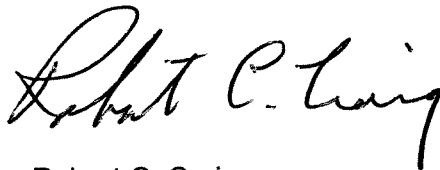
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**TO:** CHRISTINE JOYCE, TOWN MANAGERS OFFICE  
**FROM:** ROBERT C. CRAIG, FIRE CHIEF  
**SUBJECT:** FULL LIQUOR AS COMMON VICTULLER 149 GREAT ROAD #1  
**DATE:** 9/19/03  
**CC:**

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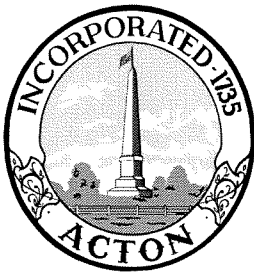
Christine:

Please be advised that I have no comment or objection to the above named application.

A handwritten signature in black ink, appearing to read "Robert C. Craig". The signature is fluid and cursive, with the first name "Robert" and last name "Craig" clearly distinguishable.

Robert C. Craig

Fire Chief



**TOWN OF ACTON**  
**Health Department**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9634  
Fax (978) 264-9630

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September 15, 2003

To: Christine Joyce

From: Heather Marceau, Health Agent

Re: O'Natural's, 149 Great Road – Liquor License

This memo will service as notification that the Health Department currently has no issue with the request made by O'Natural's for a Full Liquor License. A recent inspection made of this establishment revealed that it is in compliance with the Food Code.